ASS. REC. BY: | REF: cs/CTI2004166/KT/d3 | Special Instruction:

Singpr: Kenneth ASSIGNMENT (Office)

From (Person): Pauline Thom of CTI Date/Time: 18/3/2020 09.37 am

Estimated Cost: Bill to:

~~OD / TP / WS~~ / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SLS 4871J Insured: SJJ 8950J

at Workshop m/s Supreme Auto Tel: 6458 2811

of 176 Sin Ming Drive #02-01

Policy No: Claim No: SNM20D201340/SJJ8950J/PAULINE

Sum Insured: Excess:

Make of Veh: D.O.A. 16/03/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement:

Date/Time: 10.07am 18/3/2020 Person Contacted: Winnie Vehicle IN / OUT

Date/Time	Action/Instruction Estimate ✓
	SLS 4871J - X
	SJJ 8950J - cs/CTI1901578S/T1s73n2 DOA: 2/9/2019

ASS. REC. BY: Kenneth

REF: CT2 / CS1CT1_20004161 / kt d3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Supreme

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLS 4871 J Yr Regn: 09,17.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Honda Vezel c.c 1496

Colour M. Grey A/C: Insured / Std / NI / NA

Sp.Reading 97852 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RU3 · 1251700

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 215/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Neuton

Front		Rear	
R/Bal.	8 mm	R/Bal.	6 mm
L/Bal.	8 mm	L/Bal.	6 mm
D.O.A.	16/3/20	D.O.I.	18/3/2020

Survey held at _____

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Rear o/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
/	GIA not ready
3/3	Lily @ 3900 email, confirm on 22/5/20
	Red: 6031.60;60%

Date/Time, File Pass to? 22/5/2020

Date/Time, File Return to? _____

Report Format : _____

Lump Sum / I.B.I: ($ _____)

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ - R.S. _____ SI

Parking: _____

Others: _____

TOTAL _____